

TALKING POINTS  
NATIONAL PRESS CLUB

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\* Delighted to be here this morning to talk about the need to reform graduate medical education.

\* As we consider the many challenges of reforming our health care financing and delivery system, few problems are as important and urgent as meeting the primary care needs of the American people.

\* Amidst the many vexing problems of health reform, our nation's inability (or unwillingness) to stem the tide of specialization has left the US far behind other developed nations in meeting the basic primary and preventive care needs of our people.

\* If health reform is to succeed, we must develop a coherent workforce policy. Health reform will be a hollow promise we do not assure that health professionals are in place to deliver needed primary and preventive services.

\* During the 60s and 70s efforts to increase enrollments in medical schools succeeded but left a substantial over-supply of specialists. Today there are thousands of medically underserved communities without access to basic primary care services.

\* Full Funding of National Health Service Corps is only a partial response. For the National Health Service Corps to reach full strength and serve those regions where health professions shortages are most severe, funding for the Corps must be dramatically raised -- from under \$100 million today to over \$1 billion by the turn of the century. We must take advantage of the idealism of our nation's young people and encourage Corps participation as an important part of President Clinton's call for national service.

\* In addition, we must encourage more medical students to enter primary care practice. Medicare's RB-RVS policy increases payments for primary care and patient management services, while at the same time reducing excessively high payments for surgical and diagnostic procedures. Increasing the value attached to primary care services, and improving the practice environment for primary care physicians can have an important impact on the specialty choices of medical students.

\* Limiting Federal medical scholarships and loan programs to students pursuing a primary care career will assure that the financial impediments of medical school do not discourage young people from primary care careers.

\* But these reforms will not be enough.

\* The bill we are introducing shortly highlights those key workforce policies that we believe are critical to the success of a reform plan. The bill draws not only from the recommendations from the Administration, the Physician Payment Review Commission, and the Council on Graduate Medical Education.

\* The bill establishes a national policy respecting the number and type of graduate medical education programs that will be eligible for federal support. While the bill specifically revises Medicare payment policies for graduate medical education, I want to make it clear that -- in the context of health reform legislation - all payers must share in the cost of educating health professionals.

\* The bill requires a 50-50 mix in the number of primary care and specialty training programs, and, after a transition period, establishes an outside limit on the total number of accredited residency positions that can receive Medicare funding.

\* The Secretary of Health and Human Services is directed to develop an implementation plan with the assistance of a National Health Workforce Advisory Board, and the appropriate medical accrediting and certifying organizations.

\* The bill includes criteria for evaluating existing programs taking account of the need to maintain services to under-served communities, to insure equitable geographic distribution of training programs, and to assure that high quality programs are continued.

\* Finally, the bill proposes a number of changes to the National Health Service Corps and to the authorities supporting research and research training in primary care. The bill would:

1. Provide a strategy for fully funding the Corps by the year 2000;

2. Increase funding for the Agency for Health Care Policy and Research to conduct primary care research and expand the number of young investigators through the National Research Service Award program; and

3. Establish a new Presidential Commission to provide recommendations on national service by students of the health professions.

\* As difficult and contentious as health reform will certainly be, if we fail to act on GME reform we will continue on a course that is certain to result in the collapse of our insurance system, unacceptable financial burdens, and a dramatic decline in the quality of our lives.

\* We will continue to see barriers to primary care, an increase in underserved areas, and critical shortages of primary care practitioners.